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ISSN: 0012-3706 CODEN: DICRAG  
COUNTRY: United States  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 027 Biophysics, Bioengineering and Medical  
Instrumentation  
048 Gastroenterology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 3 Oct 2002  
Last Updated on STN: 3 Oct 2002

AB PURPOSE: This study was undertaken to evaluate the technique of artificial sphincter for fecal incontinence, with its complications and risk factors, the functional results, and which variables derived from demographic data, preoperative studies, device characteristics, technical details, perioperative findings, and complications could influence the outcome. METHODS: The Acticon Neosphincter® was implanted in 53 patients (35 females), median age 46 years, with total anal incontinence not amenable to sphincter repair or after failed sphincteroplasty. In females with associated rectocele, this was synchronously corrected. Six (11 percent) patients already had a colostomy, but no proximal stoma was constructed at the time of implantation. Causes of incontinence were congenital, 13; iatrogenic, 13; obstetric, 10; neurogenic, 9; trauma, 4; idiopathic, 2; and perineal colostomy, 2. Physiologic testing before and after the operation and preoperative endosonography were done when they were available. Quality of life was assessed in 25 patients. Mean follow-up was 26.5 (range, 7-55) months. RESULTS: Perioperative events occurred in 14 (26 percent) patients: abnormal bleeding, 7; vaginal perforation, 4; rectal perforation without apparent contamination, 2; and unobserved urethral perforation, 1. Early complications were mainly related to sepsis in 8 (15 percent) patients and wound complication in 8 (15 percent). Sepsis could not be statistically associated with any of the variables studied here. Wound separation was associated with fibrosis ( $P = 0.003$ ) and tension of the wound ( $P = 0.001$ ). Late complications were: cuff and/or pump erosion, 9 (18 percent) patients; infection, 3 (6 percent); impaction, 11 (22 percent); pain, 4 (8 percent); and mechanical failures, 2 (4 percent). None of those complications showed a statistical association with any of the variables studied here. There were 10 (19 percent) definitive explants caused by septic or skin complications. Only 26 (60 percent) of 43 patients with the device in action use the pump (patients' decision). Normal continence was achieved in 65 percent of patients and continence to solid stool in 98 percent. The Cleveland Clinic score of incontinence (0-20, maximal incontinence) changed from  $17 \pm 3$  preoperatively to  $4 \pm 3$  postoperatively ( $P = 0.000$ ). An early complication of the perianal wound influenced the functional results: postimplant score  $> 4$  vs.  $\leq 4$  ( $P = 0.009$ ). Resting and squeeze pressures changed significantly after activation ( $P = 0.000$ ). Quality of life measured in four subscales changed significantly in all the subscales ( $P = 0.000$ ). CONCLUSIONS: The artificial anal sphincter restores continence to solid stool in almost all severely incontinent patients, two-thirds of whom achieve practically normal continence. Quality of life improves significantly. Infection and skin erosion are the cause of the majority of explants. No predictable factors of functional success could be found in this study.

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ACCESSION NUMBER: 2002336205 EMBASE

TITLE: The safety and efficacy of the artificial bowel sphincter for fecal incontinence: Results from a multicenter cohort study.

AUTHOR: Wong W.D.; Congliosi S.M.; Spencer M.P.; Corman M.L.; Tan P.; Opelka F.G.; Burnstein M.; Nogueras J.J.; Bailey H.R.; Devesa J.M.; Fry R.D.; Cagir B.; Birnbaum E.; Fleshman J.W.; Lawrence M.A.; Buie W.D.; Heine J.; Edelstein P.S.; Gregorcyk S.; Lehur P.A.; Michot F.; Phang P.T.; Schoetz D.J.; Potenti F.; Tsai J.Y.

CORPORATE SOURCE: Dr. W.D. Wong, Colorectal Service, Department of Surgery, Mem. Sloan-Kettering Cancer Center, 1275 York Avenue, New

York, NY 10021, United States  
SOURCE: Diseases of the Colon and Rectum, (2002) Vol. 45, No. 9,  
pp. 1139-1153. .  
Refs: 17  
ISSN: 0012-3706 CODEN: DICRAG  
COUNTRY: United States  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 027 Biophysics, Bioengineering and Medical  
Instrumentation  
048 Gastroenterology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 3 Oct 2002  
Last Updated on STN: 3 Oct 2002

AB PURPOSE: The aim of this trial was to evaluate the safety, efficacy, and impact on quality of life of the Acticon® artificial bowel sphincter for fecal incontinence. METHODS: A multicenter, prospective, nonrandomized clinical trial was conducted under a common protocol. Patients were evaluated with anal physiology, endoanal ultrasonography, a fecal incontinence scoring system, fecal incontinence quality of life assessment, and overall health evaluation. Patients with a fecal incontinence score of 88 or greater (scale, 1-120) were considered candidates for the study. Implanted patients underwent identical reevaluation at 6 and 12 months postimplant. RESULTS: One hundred twelve of 115 patients (86 females) enrolled were implanted. Mean age was 49 (range, 18-81) years. A total of 384 device-related or potentially device-related adverse events were reported in 99 enrolled patients. Of these events, 246 required no intervention or only noninvasive intervention. Seventy-three revisional operations were required in 51 (46 percent) of the 112 implanted patients. Infection rate necessitating surgical revision was 25 percent. Forty-one patients (37 percent) have had their devices completely explanted, of which 7 have had successful reimplantations. In patients with a functioning neosphincter, improvement in quality of life and anal continence was documented. Mean matched fecal incontinence scores in 63 patients at 6 months follow-up was improved from 105 preimplant to 51 postimplant. In 55 patients at 12 months follow-up, mean matched fecal incontinence scores were 105 preimplant vs. 48 postimplant. A successful outcome was achieved in 85 percent of patients with a functioning device. Intention to treat success rate was 53 percent. CONCLUSIONS: Although morbidity and the need for revisional surgery are high, the artificial bowel sphincter can improve anal incontinence and quality of life in patients with severe fecal incontinence.

=> s 15 and (ibd or inflammatory bowel disease or crohn or colitis or puchitis or behcet or ulcer or fistula)

L9 39 L5 AND (IBD OR INFLAMMATORY BOWEL DISEASE OR CROHN OR COLITIS  
OR PUCHITIS OR BEHCET OR ULCER OR FISTULA)

=> s artificial anus periphery or artificial anus or fistula

L10 146037 ARTIFICIAL ANUS PERIPHERY OR ARTIFICIAL ANUS OR FISTULA

=> s artificial anus periphery or artificial anus or (fistula (1) (rectal or retum or recti or endorect or rectoanal or anorect or periananl or prenatal or ano? or ani?))

<-----User Break----->

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=> s artificial anus periphery or artificial anus or (fistula (1) (rectal or retum or recti or endorect or rectoanal or anorect or periananl or prenatal or ano? or ani?))

L11 17104 ARTIFICIAL ANUS PERIPHERY OR ARTIFICIAL ANUS OR (FISTULA (L)  
(RECTAL OR RETUM OR RECTI OR ENDORECT OR RECTOANAL OR ANORECT  
OR PERIANANL OR PRENAL OR ANO? OR ANI?))

=> s 111 and (ibd or inflammatory bowel disease or crohn or colitis or puchitis or behcet or ulcer or fistula)

L12 16847 L11 AND (IBD OR INFLAMMATORY BOWEL DISEASE OR CROHN OR COLITIS  
OR PUCHITIS OR BEHCET OR ULCER OR FISTULA)

=> s l11 and (ibd or inflammatory bowel disease or crohn or colitis or puchitis or behcet or ulcer)'

L13 1830 L11 AND (IBD OR INFLAMMATORY BOWEL DISEASE OR CROHN OR COLITIS OR PUCHITIS OR BEHCET OR ULCER)

=> d his

(FILE 'HOME' ENTERED AT 12:37:18 ON 05 APR 2006)

FILE 'REGISTRY' ENTERED AT 12:37:25 ON 05 APR 2006

FILE 'CAPLUS, MEDLINE, BIOSIS, EMBASE' ENTERED AT 12:37:38 ON 05 APR 2006

L1 340 S 86408-72-2/RN OR ECABET OR ECABET SODIUM OR 33159-27-2/RN

L2 12 S L1 AND (RECTUM OR RECTAL OR ANUS OR RECTUS )

L3 8 DUP REM L2 (4 DUPLICATES REMOVED)

L4 8 FOCUS L3 1-

FILE 'MEDLINE' ENTERED AT 12:41:05 ON 05 APR 2006

FILE 'CAPLUS, MEDLINE, BIOSIS, EMBASE' ENTERED AT 12:41:13 ON 05 APR 2006

L5 296 S ARTIFICIAL ANUS PERIPHERY OR ARTIFICIAL ANUS

L6 14 S L5 AND (IBD OR INFLAMMATORY BOWEL DISEASE OR CROHN OR COLITI

L7 13 DUP REM L6 (1 DUPLICATE REMOVED)

L8 13 FOCUS L7 1-

L9 39 S L5 AND (IBD OR INFLAMMATORY BOWEL DISEASE OR CROHN OR COLITI

L10 146037 S ARTIFICIAL ANUS PERIPHERY OR ARTIFICIAL ANUS OR FISTULA

L11 17104 S ARTIFICIAL ANUS PERIPHERY OR ARTIFICIAL ANUS OR (FISTULA (L)

L12 16847 S L11 AND (IBD OR INFLAMMATORY BOWEL DISEASE OR CROHN OR COLITI

L13 1830 S L11 AND (IBD OR INFLAMMATORY BOWEL DISEASE OR CROHN OR COLITI

=> s l1 and l13

L14 0 L1 AND L13

=> s l13 and artficial

L15 0 L13 AND ARTIFICIAL

=> s l13 and artificial

L16 18 L13 AND ARTIFICIAL

=> dup rem l16

PROCESSING COMPLETED FOR L16

L17 17 DUP REM L16 (1 DUPLICATE REMOVED)

=> focus

PROCESSING COMPLETED FOR L17

L18 17 FOCUS L17 1-

=> d ibib abs 1-17

L18 ANSWER 1 OF 17 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 2005:299438 CAPLUS

DOCUMENT NUMBER: 142:360848

TITLE: Pharmaceuticals for treatment of **inflammatory bowel disease** by intrarectal administration

INVENTOR(S): Shirae, Hideyuki

PATENT ASSIGNEE(S): Ajinomoto Co., Inc., Japan

SOURCE: Jpn. Kokai Tokkyo Koho, 9 pp.

CODEN: JKXXAF

DOCUMENT TYPE: Patent

LANGUAGE: Japanese

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
JP 2005089306	A2	20050407	JP 2003-320628	20030912
PRIORITY APPLN. INFO.:			JP 2003-320628	20030912

AB Title pharmaceuticals, e.g. suppositories, foaming agents, or enemas,

useful for treatment of skin inflammation around **artificial anus**, burrow in patients with **Crohn's** disease, or anal fistula, contain activated C as active ingredient, and optionally steroids, immunosuppressants, etc. Thus, activated C-containing suppositories and enemas were formulated.

L18 ANSWER 2 OF 17 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 74048430 EMBASE  
DOCUMENT NUMBER: 1974048430  
TITLE: Two cases of ulceration in babies extending from the rectum to the anus (Japanese).  
AUTHOR: Takano M.; Sumikoshi Y.  
CORPORATE SOURCE: Proctol. Cent., Soc. Insur. Cent. Hosp., Tokyo, Japan  
SOURCE: Stomach and Intestine, (1973) Vol. 8, No. 6, pp. 791-796. .  
CODEN: ITCHAG  
DOCUMENT TYPE: Journal  
FILE SEGMENT: 048 Gastroenterology  
007 Pediatrics and Pediatric Surgery  
009 Surgery  
LANGUAGE: Japanese

AB Extensive **ulcers**, arising shortly after birth and extending from the lower part of the rectum out through the anus over to the perineal region, were encountered in 2 babies, a 6 mth old male and a 2 mth old female. The **ulcers**, shallow and free from coat, did not form a tumor mass. Pathologically, these **ulcers** were nonspecific inflammatory **ulcers** different from those seen in ulcerative **colitis** or **Crohn's** disease in the adult. The **ulcers** produced local pain, tenesmus and diarrhea to such a degree as to jeopardize life. These **ulcers** did not respond well to medication of corticosteroids and antibiotics, and only after an **artificial anus** was made in the colon above the ulcerations, and stools were prevented from passing the diseased segment, did the severe symptoms subside, resulting in survival of the babies. Both cases were complicated with aphthae in the mouth together with inflammatory pharyngeal polyposis. A tendency to ulceration along the entire length of the digestive tract was suggested by these findings. It seems that the rectoanal **ulcers** seen in these babies comprise a new pathological entity as yet unreported in the literature. No hereditary or embryologic abnormality was recognized.

L18 ANSWER 3 OF 17 CAPLUS COPYRIGHT 2006 ACS on STN

ACCESSION NUMBER: 1999:147422 CAPLUS  
DOCUMENT NUMBER: 130:200956  
TITLE: Activated carbon fibers as deodorants for medical goods  
INVENTOR(S): Yoshimura, Masaya; Takimoto, Nobuyuki; Tsuruya, Ryoichi  
PATENT ASSIGNEE(S): Unitika Ltd., Japan  
SOURCE: Jpn. Kokai Tokkyo Koho, 3 pp.  
CODEN: JKXXAF  
DOCUMENT TYPE: Patent  
LANGUAGE: Japanese  
FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
JP 11056996	A2	19990302	JP 1997-225981	19970822
PRIORITY APPLN. INFO.:			JP 1997-225981	19970822

AB Medical dressings for bed sores, **ulcers**, and infection wounds and covers for **artificial anus** and bladder, comprise activated carbon fibers for deodorization.

L18 ANSWER 4 OF 17 MEDLINE on STN

ACCESSION NUMBER: 92095224 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 1661562  
TITLE: A case of cytomegalovirus infection that caused gastrointestinal perforation after surgery for cancer of

the bladder.

AUTHOR: Miyauchi T; Maruoka M; Nagayama T; Matsuzaki O; Wakatsuki S  
CORPORATE SOURCE: Department of Urology, Chiba Cancer Center Hospital.  
SOURCE: Hinyokika kyo. Acta urologica Japonica, (1991 Oct) Vol. 37, No. 10, pp. 1319-22.  
Journal code: 0421145. ISSN: 0018-1994.  
PUB. COUNTRY: Japan  
DOCUMENT TYPE: (CASE REPORTS)  
Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: Japanese  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 199201  
ENTRY DATE: Entered STN: 19920216  
Last Updated on STN: 19920216  
Entered Medline: 19920127

AB A 78-year-old man visited our department for macroscopic hematuria in June, 1989. On the basis of the diagnosis of tumor of the bladder and right afunctional kidney, total right nephro-uretero-cystectomy and skin grafting of the left ureter were performed on August 2. The patient continued to have fever of unknown origin postoperatively. Repeat laparotomy, which was performed for **rectal fistula** on August 25, revealed that the abdominal wall, colon, small intestine and mesenterium adhered to one **another**, producing a mass and that two sites in the rectum were perforated. A part of the small intestine was excised, the perforated sites were sutured, and an **artificial anus** was created at the transverse colon. Since the patient had intermittent fever and continued to complain of abdominal pain after creation of the **artificial anus**, nosotropic therapy was continued. However, the patient died from cardiac insufficiency on October 10. Erosion and **ulcer** were histologically observed over a wide range in the excised small intestine. In addition there was a defect in one area of the small intestine, penetrating the tunica muscularis propria, in which many cytomegalovirus (CMV) inclusion bodies were observed. CMV inclusion bodies were also detected in the bladder with re-examination of specimens from the excised bladder. From these findings, it appears that endogenous CMV may have been reactivated in the present case.

L18 ANSWER 5 OF 17 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN  
ACCESSION NUMBER: 1982:309392 BIOSIS  
DOCUMENT NUMBER: PREV198274081872; BA74:81872  
TITLE: A CASE OF **CROHN'S** DISEASE COMPLICATED WITH FREE PERFORATION.  
AUTHOR(S): NAKAIZUMI O [Reprint author]; YAMAZAKI S; KONISHI F  
CORPORATE SOURCE: DEP SURGERY, FUKUI PREFECTURAL HOSP, FUKUI, JPN  
SOURCE: Stomach and Intestine (Tokyo), (1982) Vol. 17, No. 4, pp. 441-446.  
ISSN: 0536-2180.  
DOCUMENT TYPE: Article  
FILE SEGMENT: BA  
LANGUAGE: JAPANESE

AB A 53-yr-old man with left-sided **Crohn's** disease complicated with free perforation of the sigmoid colon is presented. The patient was treated with Salazopyrin (salicylazosulfapyridine) for .apprx. 1 yr. Diarrhea, however, became more frequent and was accompanied with bulbar subconjunctival bleeding, fever and arthralgia. After the administration of prednisone (30 mg/day), all the symptoms were greatly alleviated. In the course of gradually decreasing the administration of the steroid (on the 76th day since the beginning of steroid therapy), perforation of the colon took place. The descending colon and the sigmoid were resected and an **artificial anus** colostomy was also performed. The rectum was left as is. The resected specimen showed 8 longitudinal **ulcers** that were arranged in 3 rows. Most of them were located along the teniae coli. The central part of the longest **ulcer**, located on the free side of the teniae coli of the sigmoid, was perforated. Fissuring **ulcers** and granuloma were histologically recognized. In the remnant rectum, densely distributed small protrusions with aphtous **ulcers** on the tip of each of them, were seen. Such changes had been noticed even before the operation. Granulomas were

demonstrated by exploratory resection of the mucosa.

L18 ANSWER 6 OF 17 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN  
ACCESSION NUMBER: 1990:412729 BIOSIS  
DOCUMENT NUMBER: PREV199090073530; BA90:73530  
TITLE: ANIMAL EXPERIMENT ON ABDOMINAL ANUS WITH INTUSSUSCEPTED  
VALVE.  
AUTHOR(S): OUYANG Z [Reprint author]; HUANG S; G M; LIU X; CHEN X; WEN  
J  
CORPORATE SOURCE: DEP OPERATIVE SURG, HUNAN MED UNIV, CHINA  
SOURCE: Hunan Yike Daxue Xuebao, (1990) Vol. 15, No. 2, pp.  
177-180.  
ISSN: 1000-5625.  
DOCUMENT TYPE: Article  
FILE SEGMENT: BA  
LANGUAGE: CHINESE  
ENTRY DATE: Entered STN: 17 Sep 1990  
Last Updated on STN: 17 Sep 1990

AB Intussuscepted valves on the colon 3 .apprx. 4 cm above the colostomic  
stoma in an animal experiment on abdominal **artificial**  
**anus**. 15 dogs were divided into a complete valve group, an  
incomplete valve group and a group without valves. Normal defecation of  
each dog which was 1 .apprx. 3 times per day was observed. After  
operation, all received normal feeding for 94 .apprx. 107 days.  
Defecation of the complete valve group was 2 .apprx. 3 times per day, the  
incomplete valve group 4 .apprx. 6 times per day, while the defecation in  
the group without valves occurred incontinence. Afterward, the valves and  
colon within 10 cm above, the **artificial anus** all cut  
off and examined. The surface of the valves was smooth, there were no  
inflammation, **ulcer**, fibrous proliferation, degeneration or  
necrosis, the smooth muscular layer within the valve thickened obviously.  
However, the results of the examination on the colostomic opening were  
complete opposite. All the results showed that the intussuscepted  
intestinal valves had obvious "sphincteric" function and no obstruction  
occurred on the colon above the valves. This means that the valves can  
control the incontinence of stool effectively.

L18 ANSWER 7 OF 17 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN  
ACCESSION NUMBER: 1997:246919 BIOSIS  
DOCUMENT NUMBER: PREV199799546122  
TITLE: Recurrent unclassified **ulcer** of the colon and  
terminal ileum, report of a case.  
AUTHOR(S): Adachi, Kyoichi [Reprint author]; Suetsugu, Hiroshi;  
Hidaka, Katsuko; Fukumoto, Shiro; Nagaoka, Saburo  
CORPORATE SOURCE: Dep. Intern. Med. II, Shimane Med. Univ., 89-1 Enya-cho,  
Izumo 693, Japan  
SOURCE: Stomach and Intestine (Tokyo), (1997) Vol. 32, No. 2, pp.  
203-211.  
ISSN: 0536-2180.  
DOCUMENT TYPE: Article  
LANGUAGE: Japanese  
ENTRY DATE: Entered STN: 13 Jun 1997  
Last Updated on STN: 13 Jun 1997

AB The patient was a 44-year-old woman who visited our hospital in June, 1991  
because of low grade fever, diarrhea, and left lower abdominal pain.  
Ba-enema and colonoscopy revealed liner ulceration of the rectosigmoid  
area. Lower anterior resection was carried out because of enlargement of  
the ulceration and severe abdominal pain. Histo-pathological examination  
showed non-specific findings and the lesion was diagnosed as unclassified  
**ulcer**. Postoperatively, pain disappeared, but one month and a  
half after the operation, **ulcer** recurred in the anastomotic area  
and the severe pain reappeared. The second operation (resection of the  
rectum and the sigmoid colon) was performed because of the severe pain.  
The third operation (resection of sigmoid and descending colon) and the  
fourth operation (resection of the transverse and ascending colon, and  
cecum) was done because of perforation by the recurring ulceration at the  
oral side of the **artificial anus**. Histologically, all  
the resected specimens were diagnosed as unclassified **ulcers**.  
Two months after the fourth operation, endoscopy revealed recurrence of

the ulceration in the terminal ileum. Neither steroid nor alimental diet therapy, nor intravenous hyperalimentation were effective for **ulcer** healing and relief of abdominal pain.

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ACCESSION NUMBER: 78206603 EMBASE  
DOCUMENT NUMBER: 1978206603  
TITLE: Secretion of gastric juice and function of the exocrine pancreas after vagotomy or Billroth II resection.  
AUTHOR: Kruse-Jarres J.D.; Waldmann D.; Hirschauer M.; et al.  
CORPORATE SOURCE: Dept. Surg., Univ. Freiburg, Germany  
SOURCE: Journal of Abdominal Surgery, (1977) Vol. 19, No. 3, pp. 58-63. .  
CODEN: JABSBP  
COUNTRY: United States  
DOCUMENT TYPE: Journal  
FILE SEGMENT: 037 Drug Literature Index  
009 Surgery  
048 Gastroenterology  
LANGUAGE: English

AB The post-operative course of parameters of the gastric juice and of the exocrine pancreatic secretion was observed in 7 pigs after vagotomy with pyloroplasty in comparison to 6 pigs after a gastric resection according to Billroth II. pH, pepsin, pepsinogen, gastrin in the gastric juice, and trypsin, chymotrypsin, lipase,  $\alpha$ -amylase, and bicarbonate in the duodenal juice were analysed within a period of 30 post-operative days by way of separate **artificial fistula**. While the gastric juice production decreased and the gastrin concentrations increased in the resected **animals**, the release of pancreatic enzymes rose. The values no longer changed significantly from the 14th day on. In the vagotomized **animals** trypsin and chymotrypsin increased until the 10th day. Trypsin continued to increase whereas chymotrypsin clearly decreased just as lipase did. A distinct reduction of gastric juice production and a rather quick and complete pancreatic secretion was seen in the resected **animals**. In contrast this behaviour could not be observed in the vagotomized pigs. These results lead to the conclusion that the gastric resection is better than the truncular vagotomy in the surgical treatment of hyperacidic **ulcers**.

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ACCESSION NUMBER: 2002336206 EMBASE  
TITLE: **Artificial** anal sphincter: Complications and functional results of a large personal series.  
AUTHOR: Devesa J.M.; Rey A.; Hervas P.L.; Halawa K.S.; Larranaga I.; Svidler L.; Abraira V.; Muriel A.  
CORPORATE SOURCE: Dr. J.M. Devesa, Division of Colon Surgery, University Hospital Ramon y Cajal, Madrid, Spain  
SOURCE: Diseases of the Colon and Rectum, (2002) Vol. 45, No. 9, pp. 1154-1163. .  
Refs: 9  
ISSN: 0012-3706 CODEN: DICRAG  
COUNTRY: United States  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 027 Biophysics, Bioengineering and Medical Instrumentation  
048 Gastroenterology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 3 Oct 2002  
Last Updated on STN: 3 Oct 2002

AB PURPOSE: This study was undertaken to evaluate the technique of **artificial** sphincter for fecal incontinence, with its complications and risk factors, the functional results, and which variables derived from demographic data, preoperative studies, device characteristics, technical details, perioperative findings, and complications could influence the outcome. METHODS: The Acticon Neosphincter® was implanted in 53 patients (35 females), median age 46

years, with total anal incontinence not amenable to sphincter repair or after failed sphincteroplasty. In females with associated rectocele, this was synchronously corrected. Six (11 percent) patients already had a colostomy, but no proximal stoma was constructed at the time of implantation. Causes of incontinence were congenital, 13; iatrogenic, 13; obstetric, 10; neurogenic, 9; trauma, 4; idiopathic, 2; and perineal colostomy, 2. Physiologic testing before and after the operation and preoperative endosonography were done when they were available. Quality of life was assessed in 25 patients. Mean follow-up was 26.5 (range, 7-55) months. RESULTS: Perioperative events occurred in 14 (26 percent) patients: abnormal bleeding, 7; vaginal perforation, 4; rectal perforation without apparent contamination, 2; and unobserved urethral perforation, 1. Early complications were mainly related to sepsis in 8 (15 percent) patients and wound complication in 8 (15 percent). Sepsis could not be statistically associated with any of the variables studied here. Wound separation was associated with fibrosis ( $P = 0.003$ ) and tension of the wound ( $P = 0.001$ ). Late complications were: cuff and/or pump erosion, 9 (18 percent) patients; infection, 3 (6 percent); impaction, 11 (22 percent); pain, 4 (8 percent); and mechanical failures, 2 (4 percent). None of those complications showed a statistical association with any of the variables studied here. There were 10 (19 percent) definitive explants caused by septic or skin complications. Only 26 (60 percent) of 43 patients with the device in action use the pump (patients' decision). Normal continence was achieved in 65 percent of patients and continence to solid stool in 98 percent. The Cleveland Clinic score of incontinence (0-20, maximal incontinence) changed from  $17 \pm 3$  preoperatively to  $4 \pm 3$  postoperatively ( $P = 0.000$ ). An early complication of the perianal wound influenced the functional results: postimplant score  $> 4$  vs.  $\leq 4$  ( $P = 0.009$ ). Resting and squeeze pressures changed significantly after activation ( $P = 0.000$ ). Quality of life measured in four subscales changed significantly in all the subscales ( $P = 0.000$ ). CONCLUSIONS: The **artificial** anal sphincter restores continence to solid stool in almost all severely incontinent patients, two-thirds of whom achieve practically normal continence. Quality of life improves significantly. Infection and skin erosion are the cause of the majority of explants. No predictable factors of functional success could be found in this study.

L18 ANSWER 10 OF 17 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2002336205 EMBASE

TITLE: The safety and efficacy of the **artificial** bowel sphincter for fecal incontinence: Results from a multicenter cohort study.

AUTHOR: Wong W.D.; Congliosi S.M.; Spencer M.P.; Corman M.L.; Tan P.; Opelka F.G.; Burnstein M.; Noguerras J.J.; Bailey H.R.; Devesa J.M.; Fry R.D.; Cagir B.; Birnbaum E.; Fleshman J.W.; Lawrence M.A.; Buie W.D.; Heine J.; Edelstein P.S.; Gregorcyk S.; Lehur P.A.; Michot F.; Phang P.T.; Schoetz D.J.; Potenti F.; Tsai J.Y.

CORPORATE SOURCE: Dr. W.D. Wong, Colorectal Service, Department of Surgery, Mem. Sloan-Kettering Cancer Center, 1275 York Avenue, New York, NY 10021, United States

SOURCE: Diseases of the Colon and Rectum, (2002) Vol. 45, No. 9, pp. 1139-1153. .

Refs: 17

ISSN: 0012-3706 CODEN: DICRAG

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 027 Biophysics, Bioengineering and Medical Instrumentation  
048 Gastroenterology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 3 Oct 2002

Last Updated on STN: 3 Oct 2002

AB PURPOSE: The aim of this trial was to evaluate the safety, efficacy, and impact on quality of life of the Acticon® **artificial** bowel sphincter for fecal incontinence. METHODS: A multicenter, prospective,



nonrandomized clinical trial was conducted under a common protocol. Patients were evaluated with anal physiology, endoanal ultrasonography, a fecal incontinence scoring system, fecal incontinence quality of life assessment, and overall health evaluation. Patients with a fecal incontinence score of 88 or greater (scale, 1-120) were considered candidates for the study. Implanted patients underwent identical reevaluation at 6 and 12 months postimplant. RESULTS: One hundred twelve of 115 patients (86 females) enrolled were implanted. Mean age was 49 (range, 18-81) years. A total of 384 device-related or potentially device-related adverse events were reported in 99 enrolled patients. Of these events, 246 required no intervention or only noninvasive intervention. Seventy-three revisional operations were required in 51 (46 percent) of the 112 implanted patients. Infection rate necessitating surgical revision was 25 percent. Forty-one patients (37 percent) have had their devices completely explanted, of which 7 have had successful reimplantations. In patients with a functioning neosphincter, improvement in quality of life and anal continence was documented. Mean matched fecal incontinence scores in 63 patients at 6 months follow-up was improved from 105 preimplant to 51 postimplant. In 55 patients at 12 months follow-up, mean matched fecal incontinence scores were 105 preimplant vs. 48 postimplant. A successful outcome was achieved in 85 percent of patients with a functioning device. Intention to treat success rate was 53 percent. CONCLUSIONS: Although morbidity and the need for revisional surgery are high, the **artificial** bowel sphincter can improve anal incontinence and quality of life in patients with severe fecal incontinence.

L18 ANSWER 11 OF 17 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2000054527 EMBASE  
 TITLE: A successful case of surgery using extracorporeal membrane oxygenation for reconstructed gastric tube bronchial fistula after operation of esophageal cancer.  
 AUTHOR: Okuyama M.; Suzuki H.; Saito R.; Motoyama S.; Sasaki S.-I.; Goto N.; Ogawa J.- I.; Kitamura M.  
 CORPORATE SOURCE: M. Okuyama, Second Department of Surgery, Akita University School of Medicine, 1-1-1 Hondo, Akita 010-8543, Japan  
 SOURCE: Japanese Journal of Gastroenterological Surgery, (2000) Vol. 33, No. 1, pp. 102-106. .  
 Refs: 12  
 ISSN: 0386-9768 CODEN: NSGZD5  
 COUNTRY: Japan  
 DOCUMENT TYPE: Journal; Article  
 FILE SEGMENT: 015 Chest Diseases, Thoracic Surgery and Tuberculosis  
 016 Cancer  
 048 Gastroenterology  
 LANGUAGE: Japanese  
 SUMMARY LANGUAGE: Japanese; English  
 ENTRY DATE: Entered STN: 17 Feb 2000  
 Last Updated on STN: 17 Feb 2000

AB The patient was a 72-year-old male who underwent total thoracic esophagectomy with reconstruction of the gastric tube through the posterior mediastinal route for esophageal cancer, on March 6, 1996. He received irradiation before and after the operation with a total dose of 73.1 Gy. On February 17, 1998, he suddenly suffered from dyspnea. He was diagnosed at **another** hospital as having an **ulcer** of the reconstructed gastric tube with a bronchial **fistula**, and was transferred to our hospital. Tracheostomy and mechanical ventilation were performed and we planned on waiting until the patient's general condition improved to tolerate an operation. The **fistula**, however, gradually enlarged, and the patient developed severe respiratory failure refractory to maximal conventional ventilation on the 10 th day. After cannulation with veno-venous extracorporea membrane oxygenation (ECMO), he was operated on to close the **fistula** using the pedicled pectoralis major muscle flap. The ECMO system was removed after 150 hours and he was able to be weaned off mechanical ventilation on the 64 th postoperative day, ECMO may be useful for patients who have to undergo surgical treatment under severe respiratory failure.

L18 ANSWER 12 OF 17 MEDLINE on STN  
ACCESSION NUMBER: 2001086311 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 11138541  
TITLE: Squamous cell carcinoma arising in chronic perianal pyoderma a case report and review of Japanese literature.  
AUTHOR: Ishizawa T; Koseki S; Mitsuhashi Y; Kondo S  
CORPORATE SOURCE: Department of Dermatology, Yamagata University School of Medicine, 2-2-2 Iida-Nishi, Yamagata, Yamagata 990-9585, Japan.  
SOURCE: The Journal of dermatology, (2000 Nov) Vol. 27, No. 11, pp. 734-9. Ref: 11  
Journal code: 7600545. ISSN: 0385-2407.  
PUB. COUNTRY: Japan  
DOCUMENT TYPE: (CASE REPORTS)  
Journal; Article; (JOURNAL ARTICLE)  
General Review; (REVIEW)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200101  
ENTRY DATE: Entered STN: 20010322  
Last Updated on STN: 20010322  
Entered Medline: 20010118

AB We report a rare case of squamous cell carcinoma developing from fistules of chronic perianal pyoderma in a 49-year-old Japanese man. He first noticed an abscess and nodule on his buttocks and perianal area 21 year previously (at the age of 28); the fistules formed later. These fistules were surgically removed, and an **artificial anus** was constructed 14 years ago (at the age of 35) in our hospital, when a histopathological examination revealed no malignant changes. However, he was recently admitted to our hospital with arterial bleeding from the **ulcer** of the buttock. On admission, the histological diagnosis of the **ulcer** was well differentiated squamous cell carcinoma. Wide local excision of the **ulcer** and scar tissue, including the sacrum, was performed. The defect was covered with a left latissimus dorsi flap and skin graft. He received radiation therapy after the operation. However, he died of cachexia and pneumonia. This case indicated that the CPP would better have been treated with wide excision before the development of SCC. Therefore, we recommend careful follow-up of patients affected by CPP and repeated biopsies of the lesion, particularly when the condition is severe, longstanding, and extensive. We discussed the term "CPP" and reviewed 22 cases of SCC arising in CPP reported in the Japanese literature.

L18 ANSWER 13 OF 17 MEDLINE on STN  
ACCESSION NUMBER: 77004795 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 964896  
TITLE: [Artificial anus. Advantages and disadvantages of ileo- and colostomy].  
Anus praeter. Vor- und Nachteile von Ileo- und Kolostomie.  
AUTHOR: Kock N G  
SOURCE: Fortschritte der Medizin, (1976 Mar 11) Vol. 94, No. 8, pp. 401-4.  
Journal code: 2984763R. ISSN: 0015-8178.  
PUB. COUNTRY: GERMANY, WEST: Germany, Federal Republic of  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: German  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 197611  
ENTRY DATE: Entered STN: 19900313  
Last Updated on STN: 19900313  
Entered Medline: 19761121

AB The majority of patients with ileostomy adapt to their new situation and are able to live a nearly normal professional and social life. This does not mean that there is not a need for improvement in the ileostomy construction. It merely proves the great adaptive mechanism in man. In spite of the improvement in surgical techniques in the construction of the ileostomy and the development of modern ileostomy appliances, a proportion of the patients still experiences serious problems. In order to improve the situation for patients with ileostomy a new type of ileostomy has been

developed. From the terminal ileum an intraabdominal, intestinal reservoir is constructed and the outlet from the reservoir is provided with a "nipple valve" preventing leakage of gas and faeces through the outlet. The continent ileostomy has now been under clinical trial for more than seven years. The success-rate has increased along with improvements in technique and introduction of methodological modifications. More than 90% of 164 patients provided with this type of ileostomy had at follow-up satisfactory functional results of their ileostomy. That means that they had no need for carrying external ileostomy appliances. A method for constructing a continent colostomy has been tested in dogs. The sigmoid colon was divided and the distal end closed. At the proximal end a "nipple valve" was constructed by intussuscepting a part of the intestine into its lumen. All dogs were continent from the time of operation until they were sacrificed one to eight weeks later. The method is now under elaboration for clinical trial.

L18 ANSWER 14 OF 17 MEDLINE on STN  
 ACCESSION NUMBER: 72001293 MEDLINE  
 DOCUMENT NUMBER: PubMed ID: 4937366  
 TITLE: [Preterminal dilatation plasty in the **artificial anus** made from ileum].  
 Praterminale Erweiterungsplastik beim Ileum-Kunstafter.  
 AUTHOR: Rehner M; Soehendra N; Schreiber H W  
 SOURCE: Der Chirurg; Zeitschrift fur alle Gebiete der operativen Medizen, (1971 Sep) Vol. 42, No. 9, pp. 420-1.  
 Journal code: 16140410R. ISSN: 0009-4722.  
 PUB. COUNTRY: GERMANY, WEST: Germany, Federal Republic of  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 LANGUAGE: German  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 197111  
 ENTRY DATE: Entered STN: 19900310  
 Last Updated on STN: 19900310  
 Entered Medline: 19711130

L18 ANSWER 15 OF 17 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN  
 ACCESSION NUMBER: 2003391919 EMBASE  
 TITLE: Endografting of the thoracic aorta: Single-center experience with technical considerations.  
 AUTHOR: Ramaiah V.; Rodriguez-Lopez J.; Diethrich E.B.  
 CORPORATE SOURCE: Dr. V. Ramaiah, Arizona Heart Institute, 2632 N 20th Street, Phoenix, AZ 85006, United States.  
 vramaiah@azheart.com  
 SOURCE: Journal of Cardiac Surgery, (2003) Vol. 18, No. 5, pp. 444-454. .  
 Refs: 42  
 ISSN: 0886-0440 CODEN: JCASE3  
 COUNTRY: United States  
 DOCUMENT TYPE: Journal; Conference Article  
 FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery  
 027 Biophysics, Bioengineering and Medical Instrumentation  
 LANGUAGE: English  
 SUMMARY LANGUAGE: English  
 ENTRY DATE: Entered STN: 16 Oct 2003  
 Last Updated on STN: 16 Oct 2003

AB Background: Thoracic aortic dissections, ruptures; **fistulae**, and aneurysms pose a unique surgical challenge. Traditional repair of thoracic aortic aneurysms involves thoracotomy with graft interposition. Despite advances in perioperative care and both total and partial cardiopulmonary bypass, conventional surgery carries a significant morbidity and mortality. Principal complications include bleeding, paraplegia, stroke, cardiac events, pulmonary insufficiency, and renal failure. Recent enthusiasm for innovative endovascular therapies to treat aortic disease has spurred many centers to investigate endoluminal grafting of the thoracic aorta. Early reports on endovascular repair using custom made "first generation devices" demonstrated the technique to

be feasible with a mortality and morbidity comparable to open repair. Methods and results: From February 2000 to February 2001, endovascular stent graft repair of the thoracic aorta was performed in 46 patients (mean age 70; 29 male and 17 female) using the Gore Excluder. Twenty-three patients (50%) had atherosclerotic aneurysms, fourteen patients (30%) had dissections, three patients (7%) had aortobronchial fistulas, three patients (7%) had pseudoaneurysms, two patients (4%) had traumatic ruptures, and one patient (2%) had a ruptured aortic ulcer. Patient characteristics, procedural variables, outcomes, and complications were recorded. All patients were followed with chest CT scans at 1, 3, 6, and 12 months. Mean follow up was 9 months ranging from 1 to 15 months. All procedures were technically successful. There were no conversions. Average duration of the procedure was 120 minutes. Average length of stay was 6 days, but most patients left the hospital within 4 days (64%) after endoluminal grafting. Overall morbidity was 23%. Two patients (4%) had endoleaks that required a second procedure for successful repair. Two patients (4%) died in the immediate postoperative period. There were no cases of paraplegia. At follow-up, one patient had an endoleak found the day after the procedure and another patient had an endoleak 6 months post procedure. Both were treated successfully with additional stent grafts. There were no cases of migration. One patient died of a myocardial infarction 6 months after graft placement. The Gore Excluder device was voluntarily recalled on February 26, 2001. Therefore, from June 2000 to January 2001, 37 patients underwent endovascular stent graft repair of the thoracic aorta for various disease entities using our customized thoracic graft (Endomed). Twenty-seven patients (73%) had aneurysms, six (16%) had dissections, two (5%) had pseudoaneurysms, one (2%) had a traumatic transection, and one patient (2%) had an embolizing ulcer. Patients were followed with CT scans at 1, 3, 6, and 12 months. All procedures were technically successful. There were no conversions. The average age was 68 years.(17-87). And the male and female ratio was 24/13. One patient died in the operating room from iliac rupture and one died from embolization/stroke in the immediate postoperative period. Two patients died within 30 days from comorbid factors. The total 30-day mortality was 10%. Two patients had endoleaks. One returned to the operating room and needed an additional cuff. The other had a small leak in a proximal dissection that is being followed. There were no cases of paraplegia. Conclusion: Thoracic endoluminal grafting is a safe and feasible alternative to open graft repair and can be performed successfully with good results. Early data suggest that an endoluminal approach to these disease entities maybe favorable to open resection and graft replacement. Technical details of Endoluminal stent grafting of the thoracic aorta for different disease entities have been discussed at length.

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ACCESSION NUMBER: 1990:37106 BIOSIS  
DOCUMENT NUMBER: PREV199038016336; BR38:16336  
TITLE: DIET THERAPY STOMACH INTESTINE LIVER GALLBLADDER PANCREAS  
DIET BOOK FOR PATIENTS AND DIETICIANS.  
AUTHOR(S): VETTER K; HIRTE C  
SOURCE: (1988) pp. 192P. VETTER, K. AND C. HIRTE. DIAETBEHANDLUNG:  
MAGEN, DARM, LEBER, GALLE, BAUCHSPEICHELDRUESE: DIAETBUCH  
FUER PATIENTEN UND DIAETASSISTENTEN (DIET THERAPY: STOMACH,  
INTESTINE, LIVER, GALLBLADDER, PANCREAS: DIET BOOK FOR  
PATIENTS AND DIETICIANS). 192P. VEB VERLAG VOLK UND  
GESUNDHEIT: BERLIN, EAST GERMANY. ILLUS. PAPER.  
ISBN: 3-333-00245-0.

DOCUMENT TYPE: Book  
FILE SEGMENT: BR  
LANGUAGE: GERMAN  
ENTRY DATE: Entered STN: 28 Dec 1989  
Last Updated on STN: 28 Dec 1989

AB This manual seeks to afford an understanding of available dietetic measures and to facilitate the implementation of diets. The work begins with a short discussion of the structure and function of the organ systems involved. The chapter immediately following covers the basic principles of diets in diseases of these organs. This section provides information

on the origin, symptoms and dietetic treatment for a variety of diseases, including acute and chronic gastritis, ulcerous **colitis** and hepatitis. A short discussion of treatment with the basic diet follows. This brief assessment delineates the 3 forms of this diet (strictest, strict and expanded forms) and discusses basic ingredients and preparation techniques. A chapter on special diets covers conditions such as the dumping syndrome, **artificial anus** and the situation following pancreatectomy. The remainder of the work presents daily diet plans for the basic and the special diets. Tables supplement the text.

L18 ANSWER 17 OF 17 MEDLINE on STN  
ACCESSION NUMBER: 64134973 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 14176971  
TITLE: THE MICROCIRCULATION. SOME PHYSIOLOGICAL AND PHILOSOPHICAL  
OBSERVATIONS CONCERNING THE PERIPHERAL VASCULAR SYSTEM.  
AUTHOR: BIGELOW W G  
SOURCE: Canadian journal of surgery. Journal canadien de chirurgie,  
(1964 Jul) Vol. 7, pp. 237-50.  
Journal code: 0372715. ISSN: 0008-428X.  
PUB. COUNTRY: Canada  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
LANGUAGE: English  
FILE SEGMENT: OLDMEDLINE; NONMEDLINE  
ENTRY MONTH: 199612  
ENTRY DATE: Entered STN: 19990716  
Last Updated on STN: 19990716  
Entered Medline: 19961201